

Physician and Hospital Pricing of Common Outpatient Procedures - Gross Charges

Under Act 53, the information in the table below was required to be submitted by the hospitals to the Vermont Department of Health. Most of the charges in the table are effective for the period of October 1, 2012 through September 30, 2013. They are based on Common Procedural Terminology (CPT®) codes, which are defined as "a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients, and third parties" (CPT® 2012 Standard Edition codebook - American Medical Association).

The tables of CPT code charges shown on the department's website provide hospital and physician gross charge information for selected commonly used outpatient procedures and related physician services. The charges listed are for the procedures themselves and do not represent other procedures that your physician may order or recommend. For some procedures, additional services such as blood collection or sedation may be required in conjunction with delivering the listed procedure. There may also be charges for supplies and pharmaceuticals used in the procedure. **To completely understand all possible charges that may apply for services received, please call your hospital and/or physician. Every patient event may have unique circumstances that could require additional services determined at the time of care, which can affect your total charges. The gross charges shown do NOT take into account any discounts or insurance. Please see the "Frequently Asked Questions" page for more information about pricing issues and considerations.**

For each table:

- **All charges shown are for hospitals and hospital-employed physicians only.**
- **"N/A" for hospital charges** indicates that the hospital does not perform this particular procedure. Check with the hospital as it may perform a similar procedure that is not listed.
- **"N/A" for physician charges** indicates that the hospital does not employ any physician who performs the service. In these cases, you may expect a separate charge from your physician or another doctor not employed directly by the hospital.
- The Hospital System Averages at the bottom of the table are the averages of the charges shown for each CPT code, and do not include any charges that are "N/A".
- Note that many of the codes on the list are diagnostic tests in which the physician charge component represents the medical interpretation of a resulting image, lab specimen analysis, etc.

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Table 3H - Radiology Services - Mammograms

- There is usually a physician charge for interpreting these procedures. Please check with your hospital and physician for details about pricing and your specific circumstances.

	CPT Code	77051*	77052*	77056	77057	HCPCS G0202	HCPCS G0204
Hospital	Description	Computer Assisted Detection (CAD), Diagnostic	Computer Assisted Detection (CAD), Screening	Diagnostic Mammogram, Bi-lateral	Screening Mammogram, Bi-lateral	Digital Screening Mammogram, Bi-lateral	Digital Diagnostic Mammogram, Bi-lateral
Brattleboro Memorial Hospital	Hospital Charge	\$54	\$54	n/a	n/a	\$280	\$330
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Central Vermont Medical Center	Hospital Charge	\$77	\$67	\$496	\$428	\$428	\$496
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Copley Hospital	Hospital Charge	\$45	\$45	n/a	n/a	\$298	\$313
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Fletcher Allen Health Care	Hospital Charge	\$76	\$72	n/a	n/a	\$390	\$387
	Physician Charge	\$23	\$23	\$319	\$258	\$258	\$319
	Total Charge	\$99	\$95	n/a	n/a	\$648	\$706
Gifford Medical Center	Hospital Charge	\$67	\$46	n/a	n/a	\$431	\$452
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Grace Cottage Hospital	Hospital Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Mt. Ascutney Hospital & Health Center	Hospital Charge	\$53	\$53	\$371	\$371	\$371	\$371
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
North Country Hospital	Hospital Charge	\$51	\$46	n/a	n/a	\$279	\$304
	Physician Charge	\$19	\$21	n/a	n/a	\$105	\$107
	Total Charge	\$70	\$68	n/a	n/a	\$384	\$411
Northeastern Vermont Regional Hospital	Hospital Charge	\$66	\$66	\$293	\$247	\$247	\$247
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Northwestern Medical Center	Hospital Charge	\$72	\$72	\$236	\$217	\$281	\$236
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Porter Hospital	Hospital Charge	\$44	\$34	\$485	\$422	\$485	\$485
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Rutland Regional Medical Center	Hospital Charge	n/a	n/a	n/a	n/a	\$321	\$384
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Southwestern Vermont Medical Center	Hospital Charge	\$66	\$46	\$126	\$134	\$300	\$309
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Springfield Hospital	Hospital Charge	\$41	\$41	\$148	\$205	\$257	\$284
	Physician Charge	n/a	n/a	n/a	n/a	n/a	n/a
	Total Charge	n/a	n/a	n/a	n/a	n/a	n/a
Hospital System Averages	Hospital Charge	\$59	\$54	\$308	\$289	\$336	\$354
	Physician Charge	\$21	\$22	\$319	\$258	\$182	\$213
	Total Charge	\$85	\$82	n/a	n/a	\$516	\$559

Note:

* If used, these computer assisted codes (77051 or 77052) are additional charges to the mammogram itself (usually 77056 or 77057).